

## Definition of Terms Used in Tabular Summaries

### OPTIONAL STATE SUPPLEMENTATION<sup>1</sup>

A State provides an optional supplement to help persons meet needs not fully covered by Federal SSI payments. The State determines whether it will make a payment, to whom, and in what amount. These supplements, paid on a regular monthly basis, are intended to cover such items as food, shelter, clothing, utilities, and other daily necessities. Some States provide optional supplementary payments to all persons eligible for SSI benefits, while others may limit them to certain SSI recipients such as the blind or residents of domiciliary-care facilities, or they may extend payments to persons ineligible for SSI because of excess income.

#### **Statutory basis for payment**

The State laws authorizing supplemental payments are specified.

#### **Effective date**

Date when the State instituted its optional supplementation program.

#### **Administration**

The governmental unit responsible for administering these payments is indicated. The unit may be either a State or local

agency or the SSA. Under State administration, the State must absorb both program benefits and administrative costs. Under Federal administration, the State is responsible for the program benefits and, as of October 1, 1997, pays \$6.20 for each benefit paid for the administrative costs.

#### **Passalong**

In order to be eligible for Medicaid reimbursement, any State making supplementary payments after June 30, 1977 must continue making payments and must pass along the cost-of-living increase to the Federal benefit rate (FBR).

Two methods are available to insure that cost-of-living increases are passed on to the recipients: the **total expenditure** method and the **payment levels** method.

Under the **total expenditure** method, State expenditures for supplementary payments in the current calendar year must at least equal expenditures in the preceding calendar year. If expenditures are less in the current year (shortfall), the State must increase

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<sup>1</sup> In addition to the optional State supplementation, States also provide mandatory minimum supplementation. This supplementation applies only to recipients who were converted to the SSI program from former State assistance programs at the inception of the SSI program. Mandatory Minimum State supplementary payments are required by Public Law 93-66 to maintain the December 1973 payment levels that these recipients received under the former State assistance programs. States are required to provide this supplementation to maintain their eligibility for title XIX (Medicaid) Federal matching funds. The governmental unit responsible for administering these payments is indicated in Appendix A. The unit may either be a State or local agency or the Social Security Administration.

expenditures in the next calendar year by an amount at least equal to the shortfall.

Under the **payment levels** method, States may not lower their supplemental payment for any of the living arrangement categories below their adjusted March 1983 levels. The adjusted level is the State's March 1983 payment level minus that portion of the July 1983 increase in the FBR which was not attributable to the increase in the cost of living (i. e. \$10.30 per individual and \$15.40 per couple).

### **Scope of coverage**

The categories of persons the State has elected to supplement are described. States with State-administered programs establish their own eligibility conditions. States with federally administered programs must adhere to SSI eligibility criteria in all aspects except that they may establish additional income disregards and payment levels.

### **Recoveries, liens, and assignments**

Entries indicate the provisions of State supplementation plans governing recovery of assistance payments and assumption of a recipient's property by the agency. As a condition of providing assistance, a State may require that a lien be placed on a recipient's property. Such a requirement does not affect a person's eligibility or payment status for Federal SSI benefits or federally administered State supplementary payments.

### **Relative responsibility**

The State supplementation provisions, which govern the responsibility of relatives for

providing economic support and returning overpayments, are indicated.

### **Income exclusions**

Not all income is counted against SSI payments. The type and amount of income excluded in determining a recipient's State supplementary payment is indicated. States with State administered programs can establish their own income exclusions. States that elect Federal administration must either accept the SSI income exclusions or exclude additional amounts which match the Federal standard.

Under the Federal program, \$20 of earned or unearned income (other than income based on need that is funded partially or totally by the Federal government or by a nongovernment agency) may be excluded per month. Additionally, \$65 per month of earned income plus one-half of the earnings above \$65 is disregarded. In addition, some types of income are excluded, e.g., certain home energy and support and maintenance assistance, food stamps, most federally-funded housing assistance, State assistance based on need, one-third of child support payments, and income received infrequently or irregularly. Countable income is deducted first from the Federal payment. If there is any excess income, it is deducted from the optional State supplementary payment.

### **Resource limitations**

The resource limitations and exclusions for federally administered State supplementation are the same as for Federal SSI payments: countable resources must be worth \$2,000 or less for an individual, or \$3,000 or less for a couple. Countable resources are properties, real or personal,

that count toward the resource limits. Recognizing that not everything an individual owns is available for his/her support and maintenance, the law provides for excluding certain resources in determining eligibility for SSI.

Excluded resources include (but are not limited to):

- 1) the house an individual lives in;
- 2) a car, if it is equipped for use by a handicapped person, if it is needed to conduct daily activities, to go to work, or to get regular medical treatment, or if it is under a certain value;
- 3) life insurance policies with a total face value of \$1,500 or less per person;
- 4) burial plots or spaces for the individual or his/her immediate family;
- 5) a burial fund of up to \$1,500 each for the individual's and his/her spouse's burial expenses; and
- 6) property essential to self support, including property used in a trade or business or on the job if the individual works for someone else.

States with State administered supplementation can establish their own resource limitations and exclusions

### **Place of application**

The office accepting applications for supplementary payments is indicated.

### **Funding of assistance and administrative costs**

The source of funds for supplementary payments and administrative costs is specified. In States requiring financial participation from local governments, the portions contributed by the State and the locality are indicated.

### **Interim Assistance Reimbursement Program (IAR)**

The Social Security Administration may reimburse a State which has provided basic needs assistance to an individual during the period that either the individual's application for SSI was pending or the individual's SSI benefits were suspended or terminated. The individual's retroactive SSI payment is sent to the State as reimbursement if:

- 1) the State has an agreement with SSA to participate in the IAR program;
- 2) the individual has given SSA written authorization to have his/her retroactive payment sent to the State as reimbursement; and
- 3) the individual is found eligible for SSI payments or has had his benefits reinstated for the same period of suspense or termination.

## **Payment level**

Both the maximum State supplemental payments and the combined maximum SSI and State payments that can be awarded to recipients without countable income are presented according to the State designated living arrangements. The Federal benefit rates that are included in the combined payment levels became effective January 1998 and are given below:

### **Federal benefit rates, January 1998**

<u>Living arrangements</u>	<u>Individual</u>	<u>Couple</u>
Living independently	\$494.00	\$741.00
Living in household of another <sup>2</sup>	329.34	494.00
In medical care facility <sup>3</sup>	30.00	--
Essential person increment <sup>4</sup>	247.00	--

## **STATE ASSISTANCE FOR SPECIAL NEEDS**

This assistance is for emergency or special conditions not covered by monthly SSI or optional State supplementary payments. Disaster benefits, burial expenses, additional subsidies for institutional care, and moving expenses are included in this category.

### **Special need circumstances**

The special need circumstances (recurring and nonrecurring) for which assistance can be approved are defined. Where available, eligibility requirements and payment limitations are described.

## **Administration**

The governmental unit responsible for administering these payments is indicated.

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<sup>2</sup> If recipient lives in another person's household for a full calendar month and receives both food and shelter from that person, the Federal benefit rate (amount for living independently) is reduced by one-third.

<sup>3</sup> When Medicaid is paying more than 50 percent of the cost of care; or for children under age 18 in medical care facilities when private insurance (alone or in combination with Medicaid) provides 50 percent of the cost of care.

<sup>4</sup> This represents the additional amount included in a recipient's check to cover the needs of a household member who provides essential care and services to the recipient, and whose needs were previously taken into account in determining the recipient's assistance payment under a State plan approved under title I, X, XIV, or XVI of the Social Security Act.

## MEDICAID

All States have federally assisted medical assistance (Medicaid) programs.

### **Eligibility**

Either SSI program guidelines or State guidelines may be used in determining eligibility.

Criterion: Entries indicate whether Medicaid eligibility is based on SSI program standards (title XVI) or on the more restrictive State guidelines. State guidelines may not be more restrictive than the State's January 1972 medical assistance standards.

Determined by: The governmental unit responsible for determining eligibility is indicated.

### **Medically needy program**

The presence or absence of a medically needy program for SSI related populations are indicated. Statute permits States to choose either no medically needy program, a restricted program only for the TANF-related, or a program for the TANF-related and one or more of the SSI-related categories (i.e., the aged, blind, and disabled). States determine eligibility for this program.

### **Unpaid medical expenses**

Under Medicaid statute, a State must pay the unpaid medical expenses incurred for services covered under its Medicaid State plan for up to 3 months before an individual was found eligible, if the individual would have been eligible had he or she applied then.

The entry indicates whether SSA has a contractual agreement with the State to inquire about the unpaid medical expenses of SSI claimants.